



17119 U.S. PTO  
121303

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22386 U.S. PTO  
10/735194



December 13, 2003

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

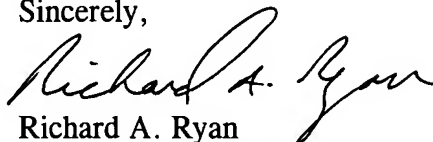
VIA EXPRESS MAIL

Re: New Patent Application - Docket No. RAR105.09

Dear Sir or Madam:

Transmitted herewith is the new patent application for Stanley F. Chang, M.D.,  
inventor, entitled: Polypectomy Snare for Specimen Retrieval.

Sincerely,

  
Richard A. Ryan  
PTO Reg. No. 39,014

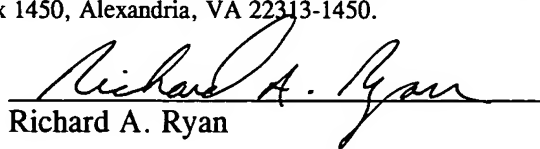
Enclosures: 1. Credit Card Payment Form in the amount of \$385.00  
2. Patent Application Transmittal Letter  
3. 21 pages of description, claims & abstract  
4. Three (3) sheets of informal drawings  
5. Executed Declaration (w/Power of Attorney)  
6. Stamped, self-addressed return postcard

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PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Richard A. Ryan

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**PATENT APPLICATION TRANSMITTAL LETTER**

Docket Number

RAR105.09

To the Commissioner of Patents and Trademarks:

Transmitted herewith for filing is the patent application of:

Inventor(s): Stanley F. Chang, M.D.

For (title): Polypectomy Snare for Specimen Retrieval

Enclosed are:

- ☒ 21 pages of written description, claims and abstract.  
☒ 3 sheets of informal drawings.  
☐ an assignment of the invention to \_\_\_\_\_  
☒ executed declaration of the inventor(s).  
☐ a certified copy of a \_\_\_\_\_ application.  
☒ power of attorney.  
☒ a verified statement to establish small entity status under 37 CFR 1.9 and 1.27.  
☐ information disclosure statement  
☐ preliminary amendment  
☐ other: \_\_\_\_\_

**CLAIMS AS FILED**

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$770	\$770
TOTAL CLAIMS	11-20 =	* 0	x\$18	0
INDEPENDENT CLAIMS	3- 3 =	* 0	x\$86	0
MULTIPLE DEPENDENT CLAIM PRESENT			\$260	N/A
* NUMBER EXTRA MUST BE ZERO OR LARGER			<b>TOTAL</b>	\$ 770
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			<b>SMALL ENTITY TOTAL</b>	\$ 385

- ☒ A Credit Card Payment Form in the amount of \$ 385.00 to cover the filing fee is enclosed.  
☐ The Commissioner is hereby authorized to charge and credit Deposit Account  
No. \_\_\_\_\_ as described below. I have enclosed a duplicate copy of this sheet.  
☐ Charge the amount of \$ \_\_\_\_\_ as filing fee.  
☐ Credit any overpayment.  
☐ Charge any additional filing fees required under 37 CFR 1.16 and 1.17.  
☐ Charge the issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

12/13/2003  
Date

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